



NOV 30 2004

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TTC-PA 650-326-2422

NO. 241 P.2

PART B - FEE(S) TRANSMITTAL

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20350 7590 09/03/2004

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Nancy Pizzo
Nancy Pizzo
30 November 2004

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/013,067	12/07/2001	Dan Sanchez	155695-0221	8579

TITLE OF INVENTION: MICROWRIST SYSTEM FOR SURGICAL PROCEDURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	12/03/2004
EXAMINER	ART UNIT	CLASS-SUBCL ASS			

MARC, MCDIRUNEL

3661

700-245000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend & Townsend & Crew LLP

2 Mark D. Barrish, Esq.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTUITIVE SURGICAL, INC.

SUNNYVALE, CA (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

 Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature *Mark D. Barrish*

Date 30 November 2004

Typed or printed name Mark D. Barrish

Registration No. 36,443

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TTC-PA 650-326-2422

NO.241 P.1

Atty Docket No. 022001-002300US

PTO FAX NO.: 703-746-4000

ATTENTION: Examiner MARC, MCDIEUNEL

Group Art Unit 3661

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER MARC, MCDIEUNEL**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of DAN SANCHEZ

Application No. 10/013,067, filed December 7, 2001

for MICROWRIST SYSTEM FOR SURGICAL PROCEDURES

are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 2

Dated: 30 November 2004

Nancy Pizzo

Nancy Pizzo

Documents Attached

1. PTOL-85 - Part B - Fee(s) Transmittal

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